

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450

or <u>Fax</u>

(703) 746-4000

INSTRUCTIONS: This fo appropriate. All further co- indicated unless corrected maintenance fee notification	rrespondence including the libelow or directed otherwise	smitting the ISSUE Patent, advance order in Block 1, by (a) s	FEE and PU rs and notifice pecifying a no	BLICATION FEE (if recation of maintenance fees w correspondence address	uired). Blocks 1 through 4 will be mailed to the curren s; and/or (b) indicating a sep	should be completed where t correspondence address as parate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must		
FITZPATRICK CELLA HARPER & SCINTO 30 ROCKEFELLER PLAZA NEW YORK, NY 10112				have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.		
JUN 1					(Depositor's name)	
						(Signature)
		CAT & TO LE	CMARK			(Date)
APPLICATION NO.	FILING DATE	FIRST NAMED		IVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/726,021	11/30/2000	Hiroki I		ashi	35 . C14969	9968
TITLE OF INVENTION: ABSORBER FOR USE IN		TBER BODY, LIQU	JID CONTAI	NER USING FIBER AI	BSORBER, AND METHOD	OF PRODUCING FIBER
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330		\$300	\$1630	06/15/2004
EXAMINER		ART UNIT		CLASS-SUBCLASS	٦	
NGHIEM, MICHAEL P		2863	_	347-086000	_	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) Canon Kabushiki Kaisha Tokyo, Japan						
Please check the appropriate assignee category or categories (will not be printed on the patent):						
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s):						
X Issue Fee X A check in the amount of the fee(s) is enclosed.						
XPublication Fee □ Payment by credit card. Form PTO-2038 is attached. XAdvance Order - # of Copies						
CAdvance Order - # 01	Copies	De	posit Account	Number $06-120$	15 (enclose an extra	copy of this form).
1/12	sted to apply the Issue Fee ar	d Publication Fee (if	any) or to re-a	apply any previously paid	issue fee to the application ide	entified above.
This collection of informa obtain or retain a benefit application. Confidentiality estimated to take 12 minut completed application for	Publication Fee (if teodire a registered attorney of age cords of the United States Patton is required by 37 CFR by the public which is to five is governed by 35 U.S.C. It is to the USPTO. Time will the amount of time you whis burden, should be sent to Office, U.S. Department of END FEES OR COMPLE for Patents, Alexandria, Virguitation of the control	1.311. The informati le (and by the USPT) 22 and 37 CFR 1.14. thering, preparing, an	ted from anyoner other party office. on is required of to process) This collection d submitting	01 FC:150 02 FC:150 an 03 FC:800	4	726021 1330.00 OP 300.00 OP 15.00 OP

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMIT THIS FORM WITH FEE(S)